

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET
(FOR USE WITH FORM PTO-375)**

SERIAL NO.

926199

FILING DATE

APPLICANT(S)

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT							
	IND.	DEP.	IND.	DEP.	IND.	DEP.						
1	/		/				51					
2		/		/			52					
3		/		/			53					
4		/		/			54					
5		/		/			55					
6		/		/			56					
7		/		/			57					
8		/		/			58					
9		/		/			59					
10		/		/			60					
11		/		/			61					
12		/		/			62					
13		/		/			63					
14		/		/			64					
15		/		/			65					
16		/		/			66					
17		/		/			67					
18	/		/				68					
19	/		/				69					
20		/		/			70					
21		/		/			71					
22		/		/			72					
23		/		/			73					
24	/		/				74					
25	/		/				75					
26		/		/			76					
27		/		/			77					
28		/		/			78					
29		/		/			79					
30	/		/				80					
31							81					
32							82					
33							83					
34							84					
35							85					
36							86					
37							87					
38							88					
39							89					
40							90					
41							91					
42							92					
43							93					
44							94					
45							95					
46							96					
47							97					
48							98					
49							99					
50							100					
TOTAL IND.	6		6				TOTAL IND.					
TOTAL DEP.		24		24			TOTAL DEP.					
TOTAL CLAIMS		30		30			TOTAL CLAIMS					

BEST AVAILABLE COPY